



# Fire Suppression Permit Application

THE BUILDING DIVISION  
4800 S 188<sup>th</sup> St  
SeaTac, WA 98188  
206-973-4750

PERMIT # FSP \_\_\_\_\_

<b>Project Address:</b>		<b>Parcel #:</b>	
<b>Applicant:</b> Address: _____		<b>Phone:</b>	
<b>Contact Person:</b>		<b>Phone:</b>	
<b>Property Owner:</b> Address: _____		<b>Phone:</b>	
<b>Tenant:</b>		<b>Phone:</b>	
<b>Contractor:</b> City Business Lic. #: _____ State Contractor Lic. #: _____		<b>Phone:</b>	
<b>Engineer:</b> Address: _____		<b>Phone:</b>	
<b>Description of Work:</b>   			
<b>Value of Work:</b> \$ _____		<b>Type Of System:</b> <input type="checkbox"/> 13 <input type="checkbox"/> 13D <input type="checkbox"/> 13R	
<b>Type of Work:</b> <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Repair			
<b>Type of Use:</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Multi-family <input type="checkbox"/> Single-family Dwelling <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____			
<b>Type of Structure:</b> <input type="checkbox"/> Building <input type="checkbox"/> Parking Garage <input type="checkbox"/> Modular House <input type="checkbox"/> Other _____			
<b>Type of Business:</b> <input type="checkbox"/> None <input type="checkbox"/> Business <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Repair Garage <input type="checkbox"/> Manufacturing <input type="checkbox"/> Education <input type="checkbox"/> Professional Services <input type="checkbox"/> Day Care <input type="checkbox"/> Adult Family Home <input type="checkbox"/> Food Service <input type="checkbox"/> Government <input type="checkbox"/> Transportation <input type="checkbox"/> Other _____			
<b>Type Of Sprinkler:</b> <input type="checkbox"/> Deluge <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Underground <input type="checkbox"/> Wet <input type="checkbox"/> Chemical			
<b>Type Of Pipe</b>	<b>Commodity Class</b>	<b>Storage Height</b>	<b>Head Type</b>

I certify that I am the ☐ Owner ☐ Contractor

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_